

Exhibit A – Tax Returns

Form	1040	Department of the Treasury—Internal Revenue Service (99)	2014	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																														
For the year Jan. 1–Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20																																			
Your first name and initial <b>Dean E</b>		Last name <b>Malone</b>		Your social security number																															
If a joint return, spouse's first name and initial		Last name																																	
Home address (number and street). If you have a P.O. box, see instructions. <b>150 Bobby McCandless Road</b>				Apt. no.																															
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Knob Lick, KY 42154</b>				<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																															
Foreign country name		Foreign province/state/county		Foreign postal code																															
<b>Filing Status</b> 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <b>Colette R Kavanaugh</b> 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. <b>▶</b> 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																																			
<b>Exemptions</b> 6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> d Total number of exemptions claimed <b>▶</b>						c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name								<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)																															
(1) First name	Last name																																		
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
				<input type="checkbox"/>																															
<b>Income</b> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 16a Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income <b>▶</b>																																			
<b>Adjusted Gross Income</b> 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN <b>▶</b> 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income <b>▶</b>																																			



Form 1040 (2014)

Page **2****Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,200  
Married filing jointly or Qualifying widow(er), \$12,400  
Head of household, \$9,100

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	<b>0</b>
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1950, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1950, <input type="checkbox"/> <b>Blind.</b> <b>checked ▶ 39a</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	<b>0</b>
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	<b>0</b>
<b>42</b>	<b>Exemptions.</b> If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	<b>42</b>	<b>0</b>
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	<b>0</b>
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	<b>0</b>
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	<b>0</b>
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	<b>0</b>
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	<b>0</b>
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	<b>0</b>
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	<b>0</b>

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	<b>0</b>
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	<b>0</b>
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	<b>0</b>
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	<b>0</b>
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	<b>0</b>
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	<b>61</b>	<b>0</b>
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	<b>0</b>
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	<b>0</b>

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	<b>448</b>	<b>92</b>
<b>65</b>	2014 estimated tax payments and amount applied from 2013 return	<b>65</b>		
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>		
<b>b</b>	Nontaxable combat pay election <b>66b</b>	<b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>		
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>		
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>		
<b>70</b>	Amount paid with request for extension to file	<b>70</b>		
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>		
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>		
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> Reserved <b>d</b> <input type="checkbox"/>	<b>73</b>		
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	<b>448</b>	<b>92</b>

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	<b>448</b>	<b>92</b>
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>76a</b>	<b>448</b>	<b>92</b>
<b>b</b>	Routing number	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number			
<b>77</b>	Amount of line 75 you want <b>applied to your 2015 estimated tax</b> ▶	<b>77</b>		

**Amount You Owe**

<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☐ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
-------------------	-------------	--

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date 3/11/19	Your occupation Systems Admin	Daytime phone number
Spouse's signature. If a joint return, both must sign	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	



Form **4852**

(Rev. September 2014)

Department of the Treasury  
Internal Revenue Service**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

**1** Name(s) shown on return

Dean E Malone

**2** Your social security number**3** Address

150 Bobby McCandless Road, Knob Lick, KY 42154

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2014,

hereby I have been unable to obtain (or have received an incorrect) ☒ Form W-2 OR ☐ Form 1099-R.  
 notify I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

**5** Employer's or payer's name, address, and ZIP code**6** Employer's or payer's  
identification number (if known)**7** Form W-2. Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation	<u>0</u>	<b>f</b> State income tax withheld	<u>63.51</u>
<b>b</b> Social security wages	<u>0</u>	(Name of state) <u>California</u>	
<b>c</b> Medicare wages and tips	<u>0</u>	<b>g</b> Local income tax withheld	<u>52.80</u>
<b>d</b> Social security tips	<u>0</u>	(Name of locality) <u>CA-SDI</u>	
<b>e</b> Federal income tax withheld	<u>45.00</u>	<b>h</b> Social security tax withheld	<u>327.36</u>
		<b>i</b> Medicare tax withheld	<u>76.56</u>

**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution	<u></u>	<b>f</b> Federal income tax withheld	<u></u>
<b>b</b> Taxable amount	<u></u>	<b>g</b> State income tax withheld	<u></u>
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	<b>h</b> Local income tax withheld	<u></u>
<b>d</b> Total distribution	<input type="checkbox"/>	<b>i</b> Employee contributions	<u></u>
<b>e</b> Capital gain (included in line 8b)	<u></u>	<b>j</b> Distribution codes	<u></u>

**9** How did you determine the amounts on lines 7 and 8 above?**Records provided by the Payer listed on line 5.****10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form 4852, at [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note.** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.

**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and



## AFFIDAVIT

I, Dean Edward Malone, being of sound mind and upon my oath, depose and state as follows:

1. The tax return I completed and submitted concerning the year 2016 contains entries declaring total (gross) income receipts and adjusted gross and net income receipts computed according to the instructions provided; a self-assessment of tax due upon the computed "net income" per the tax table provided; and an unaltered signed affirmation regarding the truth, completeness and correctness of these entries and assessment. To the best of my knowledge and belief, the above-listed entries comprise information by which the substantial correctness of the self-assessment on the return can be judged.

2. Aside from identifying information, address, signature and date, the Form 1040 with accompanying instruments I completed and submitted concerning the year 2016 contains nothing from my hand but:

- numeric entries;
- a correction of a preprinted declaratory statement concerning the notification of the Internal Revenue Service of my rebuttal of a W-2 submitted by another from "have notified" to "hereby notify";
- the answer to a question posed by the Secretary for an explanation of how I determined what amounts to report on the various lines of the form: "Lines 7 (a), (b) and (c) are corrected as I did not receive any "wages" as defined in IRC section 3401(a) and 3121 (a). Lines (e), (h) and (i) were derived from the W2 sent to me by the Payer identified in box (5) above and are presumed to be correct, though they have not been audited."; and
- the answer to a question posed by the Secretary concerning what efforts were made to secure a correct W-2 from the payer listed on the form: "None."

To the best of my knowledge and belief, nothing on the return constitutes information that on its face indicates that the self-assessment is substantially incorrect.

3. The information on the tax return I completed and submitted concerning the year 2016 is not based on, nor reflective of, any "position" identified by the Secretary of the Treasury or his delegates as "frivolous" and published as such pursuant to 6702(c). 4. The content of the tax return I completed and submitted concerning the year 2016, and the act of its completion and submission, are not intended, expected or desired to impede or delay the administration of any federal tax law. On the contrary, the return I completed and submitted concerning the year 2016 is my best effort to fully comply with all legal obligations to which I am subject to the best of my understanding of those obligations, and to conform with all relevant provisions of law as best I understand those provisions. It is my sincere hope and intent that the return contributes to and is met with the smooth, speedy and proper administration of the federal tax laws.



5. I am not an officer or employee of a corporation or member or employee of a partnership, who as such officer, member or employee is under any duty whatsoever concerning tax forms, reports or tax-related matters of any kind. Nor am I a member of any class illustrated or defined by the foregoing enumerated examples.

6. I have never knowingly and intentionally created, acknowledged or supported any relationship or presumption of a relationship between me and the United States under the auspices or by

virtue of which the United States is authorized to seize property from me or subject me to fines or penalties other than by making a formal complaint and proving its claims to the satisfaction of an impartial judicial tribunal as Plaintiff in an adversarial proceeding in which I enjoy the benefit of all presumptions, and which conforms to the specifications of the Seventh Article of Amendment to the United States Constitution.

I affirm under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed March 11, 2019, at 150 Bobby McCandless Road, Knob Lick KY

Dean E. Malone



Document 1-1 Filed 11/20/19 Page 7 of 17 Pages

CERTIFIED MAIL<sup>®</sup>

PS Form 3800, April 2015 PSN 7530-02-000-9007

See Reverse for Instructions

City, State, ZIP+4<sup>®</sup>

Street and Apt. No., or PO Box No.

Postmark Here

Total Postage and Fees \$

Sent To \$

Postage \$

Return Receipt (hardcopy) ☐

Return Receipt (electronic) ☐

Adult Signature Required ☐

Adult Signature Restricted Delivery ☐

Extra Services & Fees (check box, add fee as appropriate)

Registered Mail Fee \$

Signature Confirmation Fee \$

Insurance Fee \$

Priority Mail Express Fee \$

Official Use

Information, visit our website at [www.usps.com](http://www.usps.com)

RECEIPT

COMPLETE THIS SECTION

Items 1, 2, and 3.

Name and address.

can return.

**RECEIPT**

Date at www.usps.com

Postmark Here

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dept of Treasury IRS  
Fresno CA 93858-0001

9590 9402 4144 8092 0123 06

7018 0360 0001 9515 8606

Form 3811, July 2015 PSN 7530-02-000-9053

Internet H18-CCZ-CM-1417

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

C. D

D. Is delivery address different from item 1? ☐  
If YES, enter delivery address below: ☐

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Collect on Delivery
- ☐ Insured Mail
- ☐ Registered Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express™
- ☐ Registered Mail™
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



Form	1040	Department of the Treasury — Internal Revenue Service (99)	2017	OMB No. 1545-0074	IRS Use Only — Do not write or staple in this space.																																
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning . . . , 2017, ending . . . 20																																					
Your first name and initial <b>Dean E</b>		Last name <b>Malone</b>		Your social security number <b>3 6 9 8</b>																																	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number <b>2 2 5 1</b>																																	
Home address (number and street). If you have a P.O. box, see instructions. <b>150 Bobby McCandless Road</b>				Apt. no.	Make sure the SSN(s) above and on line 6c are correct.  <b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Knob Lick, KY 42154</b>																																					
Foreign country name		Foreign province/state/county		Foreign postal code																																	
<b>Filing Status</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           1 <input type="checkbox"/> Single            2 <input type="checkbox"/> Married filing jointly (even if only one had income)            3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <b>Colette R Kavanaugh</b> </div> <div style="width: 45%;">           4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)            If the qualifying person is a child but not your dependent, enter this child's name here. <b>▶</b>            5 <input type="checkbox"/> Qualifying widow(er) (see instructions)         </div> </div>																																					
<b>Exemptions</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">           6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.            b <input type="checkbox"/> Spouse  <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>(1) First name</td> <td>Last name</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div> <div style="width: 30%;"> <b>Boxes checked on 6a and 6b</b>            No. of children on 6c who:            • lived with you            • did not live with you due to divorce or separation (see instructions)            Dependents on 6c not entered above            Add numbers on lines above <b>▶</b> </div> </div>						c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name			<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>							
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)																																	
(1) First name	Last name			<input type="checkbox"/>																																	
				<input type="checkbox"/>																																	
				<input type="checkbox"/>																																	
				<input type="checkbox"/>																																	
<b>Income</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">           7 Wages, salaries, tips, etc. Attach Form(s) W-2            8a Taxable interest. Attach Schedule B if required            b Tax-exempt interest. Do not include on line 8a            9a Ordinary dividends. Attach Schedule B if required            b Qualified dividends            10 Taxable refunds, credits, or offsets of state and local income taxes            11 Alimony received            12 Business income or (loss). Attach Schedule C or C-EZ            13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>            14 Other gains or (losses). Attach Form 4797            15a IRA distributions            16a Pensions and annuities            17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E            18 Farm income or (loss). Attach Schedule F            19 Unemployment compensation            20a Social security benefits            21 Other income. List type and amount            22 Combine the amounts in the far right column for lines 7 through 21. This is your total income <b>▶</b> </div> <div style="width: 30%;"> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <tr><td>7</td><td>0</td></tr> <tr><td>8a</td><td>0</td></tr> <tr><td>9a</td><td>0</td></tr> <tr><td>10</td><td>0</td></tr> <tr><td>11</td><td>0</td></tr> <tr><td>12</td><td>0</td></tr> <tr><td>13</td><td>0</td></tr> <tr><td>14</td><td>0</td></tr> <tr><td>15b</td><td>0</td></tr> <tr><td>16b</td><td>0</td></tr> <tr><td>17</td><td>0</td></tr> <tr><td>18</td><td>0</td></tr> <tr><td>19</td><td>0</td></tr> <tr><td>20b</td><td>0</td></tr> <tr><td>21</td><td>0</td></tr> <tr><td>22</td><td>0</td></tr> </table> </div> </div>						7	0	8a	0	9a	0	10	0	11	0	12	0	13	0	14	0	15b	0	16b	0	17	0	18	0	19	0	20b	0	21	0	22	0
7	0																																				
8a	0																																				
9a	0																																				
10	0																																				
11	0																																				
12	0																																				
13	0																																				
14	0																																				
15b	0																																				
16b	0																																				
17	0																																				
18	0																																				
19	0																																				
20b	0																																				
21	0																																				
22	0																																				
<b>Adjusted Gross Income</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">           23 Educator expenses            24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ            25 Health savings account deduction. Attach Form 8889            26 Moving expenses. Attach Form 3903            27 Deductible part of self-employment tax. Attach Schedule SE            28 Self-employed SEP, SIMPLE, and qualified plans            29 Self-employed health insurance deduction            30 Penalty on early withdrawal of savings            31a Alimony paid b Recipient's SSN <b>▶</b>            32 IRA deduction            33 Student loan interest deduction            34 Tuition and fees. Attach Form 8917            35 Domestic production activities deduction. Attach Form 8903            36 Add lines 23 through 35            37 Subtract line 36 from line 22. This is your adjusted gross income <b>▶</b> </div> <div style="width: 30%;"> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <tr><td>23</td><td></td></tr> <tr><td>24</td><td></td></tr> <tr><td>25</td><td></td></tr> <tr><td>26</td><td></td></tr> <tr><td>27</td><td></td></tr> <tr><td>28</td><td></td></tr> <tr><td>29</td><td></td></tr> <tr><td>30</td><td></td></tr> <tr><td>31a</td><td></td></tr> <tr><td>32</td><td></td></tr> <tr><td>33</td><td></td></tr> <tr><td>34</td><td></td></tr> <tr><td>35</td><td></td></tr> <tr><td>36</td><td>0</td></tr> <tr><td>37</td><td>0</td></tr> </table> </div> </div>						23		24		25		26		27		28		29		30		31a		32		33		34		35		36	0	37	0		
23																																					
24																																					
25																																					
26																																					
27																																					
28																																					
29																																					
30																																					
31a																																					
32																																					
33																																					
34																																					
35																																					
36	0																																				
37	0																																				



Form 1040 (2017)

Page 2

**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,350  
Married filing jointly or Qualifying widow(er), \$12,700  
Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	0
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <b>▶ 39a</b> <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>▶ 39b</b> <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	0
41	Subtract line 40 from line 38	41	0
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	0
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
46	Excess advance premium tax credit repayment. Attach Form 8962	46	0
47	Add lines 44, 45, and 46	47	0
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0

**Other Taxes**

57	Self-employment tax. Attach Schedule SE	57	0
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
60a	Household employment taxes from Schedule H	60a	0
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	0
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	0
63	Add lines 56 through 62. This is your total tax	63	0

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	21269	43
65	2017 estimated tax payments and amount applied from 2016 return	65		
66a	Earned income credit (EIC)	66a		
b	Nontaxable combat pay election <b>66b</b>			
67	Additional child tax credit. Attach Schedule 8812	67		
68	American opportunity credit from Form 8863, line 8	68		
69	Net premium tax credit. Attach Form 8962	69		
70	Amount paid with request for extension to file	70		
71	Excess social security and tier 1 RRTA tax withheld	71		
72	Credit for federal tax on fuels. Attach Form 4136	72		
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	21269	43

**Refund**

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	21269	43
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	21269	43
b	Routing number			
d	Account number			
77	Amount of line 75 you want applied to your 2018 estimated tax <b>▶ 77</b>	77		

**Amount You Owe**

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions <b>▶ 78</b>	78		
79	Estimated tax penalty (see instructions)	79		

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☐ No

Designee's name  Phone no.  Personal identification number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature  Date  Your occupation  Daytime phone number   
 Spouse's signature. If a joint return, both must sign. Date  Spouse's occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name  Preparer's signature  Date  Check ☐ if self-employed PTIN   
 Firm's name  Firm's EIN   
 Firm's address  Phone no.



Form **4852**

(Rev. September 2014)

Department of the Treasury  
Internal Revenue Service**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

▶ Information about Form 4852 is available at [www.irs.gov/form4852](http://www.irs.gov/form4852).

OMB No. 1545-0074

1 Name(s) shown on return <b>Dean E Malone</b>		2 Your social security number <b>██████████ 8698</b>	
3 Address <b>150 Bobby McCandless Road, Knob Lick, KY 42154</b>			
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2017</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 <b>OR</b> <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
5 Employer's or payer's name, address, and ZIP code <b>Comdata Inc. 5301 Maryland Way Brentwood, TN 37027</b>		6 Employer's or payer's identification number (if known) <b>██████████ 258</b>	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation	0	f State income tax withheld	5356.09
b Social security wages	0	(Name of state) <u>Kentucky</u>	
c Medicare wages and tips	0	g Local income tax withheld	1481.39
d Social security tips	0	(Name of locality) <u>MLJCoOT</u>	
e Federal income tax withheld	13643.79	h Social security tax withheld	6180.26
		i Medicare tax withheld	1445.38
8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined <input type="checkbox"/>		h Local income tax withheld	
d Total distribution <input type="checkbox"/>		i Employee contributions	
e Capital gain (included in line 8b)		j Distribution codes	
9 How did you determine the amounts on lines 7 and 8 above?			
Lines 7 (a), (b) and (c) are corrected as I did not receive any "wages" as defined in IRC section 3401(a) and 3121 (a). Lines (e), (h) and (i) were derived from the W2 sent to me by the Payer identified in box (5) above and are presumed to be correct, though they have not been audited.			
10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.			

None

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form 4852, at [www.irs.gov/form4852](http://www.irs.gov/form4852). Information about any future developments affecting Form 4852 (such as legislation enacted after we release it) will be posted on that page.**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer does not issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return, before any supporting forms or schedules.

You should always attempt to get Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you do not receive the missing or corrected form from your employer or payer by February 14, you may call the IRS at 1-800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment, and your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you do not receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note.** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use a my Social Security online account to verify wages reported by your employers. Please visit [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:

- Accuracy-related penalties equal to 20 percent of the amount of taxes that should have been paid,
- Civil fraud penalties equal to 75 percent of the amount of taxes that should have been paid, and



## AFFIDAVIT

I, Dean Edward Malone, being of sound mind and upon my oath, depose and state as follows:

1. The tax return I completed and submitted concerning the year 2017 contains entries declaring total (gross) income receipts and adjusted gross and net income receipts computed according to the instructions provided; a self-assessment of tax due upon the computed "net income" per the tax table provided; and an unaltered signed affirmation regarding the truth, completeness and correctness of these entries and assessment. To the best of my knowledge and belief, the above-listed entries comprise information by which the substantial correctness of the self-assessment on the return can be judged.

2. Aside from identifying information, address, signature and date, the Form 1040 with accompanying instruments I completed and submitted concerning the year 2017 contains nothing from my hand but:

- numeric entries;
- a correction of a preprinted declaratory statement concerning the notification of the Internal Revenue Service of my rebuttal of a W-2 submitted by another from "have notified" to "hereby notify";
- the answer to a question posed by the Secretary for an explanation of how I determined what amounts to report on the various lines of the form: "Lines 7 (a), (b) and (c) are corrected as I did not receive any "wages" as defined in IRC section 3401(a) and 3121 (a). Lines (e), (h) and (i) were derived from the W2 sent to me by the Payer identified in box (5) above and are presumed to be correct, though they have not been audited."; and
- the answer to a question posed by the Secretary concerning what efforts were made to secure a correct W-2 from the payer listed on the form: "None."

To the best of my knowledge and belief, nothing on the return constitutes information that on its face indicates that the self-assessment is substantially incorrect.

3. The information on the tax return I completed and submitted concerning the year 2017 is not based on, nor reflective of, any "position" identified by the Secretary of the Treasury or his delegates as "frivolous" and published as such pursuant to 6702(c). 4. The content of the tax return I completed and submitted concerning the year 2017, and the act of its completion and submission, are not intended, expected or desired to impede or delay the administration of any federal tax law. On the contrary, the return I completed and submitted concerning the year 2017 is my best effort to fully comply with all legal obligations to which I am subject to the best of my understanding of those obligations, and to conform with all relevant provisions of law as best I understand those provisions. It is my sincere hope and intent that the return contributes to and is met with the smooth, speedy and proper administration of the federal tax laws.

5. I am not an officer or employee of a corporation or member or employee of a partnership, who as such officer, member or employee is under any duty whatsoever concerning tax forms, reports or tax-related matters of any kind. Nor am I a member of any class illustrated or defined by the foregoing enumerated examples.

6. I have never knowingly and intentionally created, acknowledged or supported any relationship or presumption of a relationship between me and the United States under the auspices or by

virtue of which the United States is authorized to seize property from me or subject me to fines or penalties other than by making a formal complaint and proving its claims to the satisfaction of an impartial judicial tribunal as Plaintiff in an adversarial proceeding in which I enjoy the benefit of all presumptions, and which conforms to the specifications of the Seventh Article of Amendment to the United States Constitution.

I affirm under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed March 11, 2019, at 150 Bobby McCandless Road, Knob Lick KY

*Dean E Malone*

Dean E. Malone

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**KANSAS CITY, MO 64999**

**OFFICIAL USE**

Certified Mail Fee \$3.50

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.70

Total Postage and Fees \$7.00

Sent To *IRS*

Street and Apt. No., or PO Box No.

City, State, ZIP+4® *Kansas City Mo 64999-0025*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

EDMONT 0629 01  
 MAR 19 2019  
 03/19/2019

7017 2400 0000 5274 4371

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p>Complete items 1, 2, and 3.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p><i>IRS</i>  <i>Kansas City, MO</i>  <i>64999-0025</i></p> <p>9590 9402 1264 5246 9579 66</p> <p>Article Number (Transfer from service label)  <b>7017 2400 0000 5274 4371</b></p>	<p>A. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery         </td> <td> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery         </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

Form 3811 July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



Form	1040	Department of the Treasury—Internal Revenue Service <b>U.S. Individual Income Tax Return</b>	(99)	2018	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																			
<b>Filing status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)																																									
Your first name and initial <b>Dean E</b>		Last name <b>Malone</b>		Your social security number <b>6 3 6 9 8</b>																																					
<b>Your standard deduction:</b> <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind																																									
If joint return, spouse's first name and initial		Last name		Spouse's social security number																																					
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien				<input type="checkbox"/> Full-year health care coverage or exempt (see inst.)																																					
Home address (number and street). If you have a P.O. box, see instructions. <b>150 Bobby McCandless Road</b>				Apt. no.		<b>Presidential Election Campaign</b> (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse																																			
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. <b>Knob Lick, KY 42154</b>				If more than four dependents, see inst. and ✓ here <input type="checkbox"/>																																					
<b>Dependents (see instructions):</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">(1) First name</th> <th style="width: 15%;">Last name</th> <th style="width: 15%;">(2) Social security number</th> <th style="width: 15%;">(3) Relationship to you</th> <th style="width: 15%;">(4) ✓ if qualifies for (see inst.):</th> <th style="width: 10%;">Child tax credit</th> <th style="width: 10%;">Credit for other dependents</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>							(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	Child tax credit	Credit for other dependents					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	Child tax credit	Credit for other dependents																																			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																			
<b>Sign Here</b> Joint return? See instructions. Keep a copy for your records.																																									
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																																									
Your signature <i>Dean E Malone</i>		Date <b>3/11/19</b>		Your occupation <b>Systems Administrator</b>		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>																																			
Spouse's signature. If a joint return, both must sign.		Date		Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>																																			
Preparer's name		Preparer's signature		PTIN		Firm's EIN																																			
Firm's name ▶		Firm's address ▶		Phone no.		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed																																			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2018)

Form 1040 (2018)

Page **2**

1		Wages, salaries, tips, etc. Attach Form(s) W-2		1	0
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	2b	Taxable interest
	3a	Qualified dividends	3a	3b	Ordinary dividends
	4a	IRAs, pensions, and annuities	4a	4b	Taxable amount
	5a	Social security benefits	5a	5b	Taxable amount
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	0
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	0	
<b>Standard Deduction for—</b> • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	8	Standard deduction or itemized deductions (from Schedule A)		8	0
	9	Qualified business income deduction (see instructions)		9	0
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	0
	11	a Tax (see inst.) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )		11	0
	12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	0
	13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	0
	14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0
	15	Other taxes. Attach Schedule 4		15	0
	16	Total tax. Add lines 13 and 14		16	18260 44
	17	Federal income tax withheld from Forms W-2 and 1099		17	0
17		Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863		17	0
18		Add any amount from Schedule 5		18	18260 44
18		Add lines 16 and 17. These are your total payments		18	18260 44
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	18260 44
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		20a	18260 44
	b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
Direct deposit? See instructions.	d	Account number			
	21	Amount of line 19 you want applied to your 2019 estimated tax		21	
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		22	
	23	Estimated tax penalty (see instructions)		23	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2018)



Form **4852**  
(Rev. September 2018)Department of the Treasury  
Internal Revenue Service**Substitute for Form W-2, Wage and Tax Statement, or  
Form 1099-R, Distributions From Pensions, Annuities, Retirement  
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040 or 1040X.

▶ Go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852) for the latest information.

OMB No. 1545-0074

<b>1</b> Name(s) shown on return <b>Dean E Malone</b>	<b>2</b> Your social security number <b>698</b>
--	--

**3** Address**150 Bobby McCandless Road, Knob Lick KY 42154**

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2018,  
I have been unable to obtain (or have received an incorrect) ☒ Form W-2 OR ☐ Form 1099-R.  
hereby I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments  
notify made to me and tax withheld by my employer or payer named on line 5.

<b>5</b> Employer's or payer's name, address, and ZIP code <b>ComData Inc, 5301 Maryland Way, Brentwood, TN 37027</b>	<b>6</b> Employer's or payer's TIN (if known) <b>46-2841258</b>
--	---

**7 Form W-2.** Enter wages, tips, other compensation, and taxes withheld.

<b>a</b> Wages, tips, and other compensation	<u>0</u>	<b>f</b> State income tax withheld	<u>4949.02</u>
<b>b</b> Social security wages	<u>0</u>	(Name of state)	<u>KY</u>
<b>c</b> Medicare wages and tips	<u>0</u>	<b>g</b> Local income tax withheld	<u>1498.08</u>
<b>d</b> Social security tips	<u>0</u>	(Name of locality)	<u>MLJCoOT</u>
<b>e</b> Federal income tax withheld	<u>10560.81</u>	<b>h</b> Social security tax withheld	<u>6240.22</u>
		<b>i</b> Medicare tax withheld	<u>1459.41</u>

**8 Form 1099-R.** Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

<b>a</b> Gross distribution	<u></u>	<b>f</b> Federal income tax withheld	<u></u>
<b>b</b> Taxable amount	<u></u>	<b>g</b> State income tax withheld	<u></u>
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	(Name of state)	<u></u>
<b>d</b> Total distribution	<input type="checkbox"/>	<b>h</b> Local income tax withheld	<u></u>
<b>e</b> Capital gain (included in line 8b)	<u></u>	(Name of locality)	<u></u>
		<b>i</b> Employee contributions	<u></u>
		<b>j</b> Distribution codes	<u></u>

**9** How did you determine the amounts on lines 7 and 8 above?

Lines 7 (a), (b) and (c) are corrected as I did not receive any "wages" as defined in IRC section 3401(a) and 3121 (a). Lines (e), (h) and (i) were derived from the W2 sent to me by the Payer identified in box (5) above and are presumed to be correct, though they have not been audited.

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None.

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to [www.irs.gov/Form4852](http://www.irs.gov/Form4852).

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You also must provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS also will send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note:** Retain a copy of Form 4852 for your records. To help protect your social security benefits, keep a copy of Form 4852 until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. After September 30 following the date shown on line 4, you may use your Social Security online account to verify wages reported by your employers. Please visit [www.SSA.gov/myaccount](http://www.SSA.gov/myaccount). Or, you may contact your local SSA office to verify wages reported by your employer.

**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R after your return is filed with Form 4852, and the information you receive indicates that the information reported on your original return is incorrect, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return. You are responsible for filing your income tax return with accurate information regardless of whether you receive a Form W-2, Form W-2c, or Form 1099-R and regardless of whether the information on any forms received is correct.

**Penalties.** The IRS will challenge the claims of individuals who attempt to avoid or evade their federal tax liability by using Form 4852 in a manner other than as prescribed. Potential penalties for the improper use of Form 4852 include:



## AFFIDAVIT

I, Dean Edward Malone, being of sound mind and upon my oath, depose and state as follows:

1. The tax return I completed and submitted concerning the year 2018 contains entries declaring total (gross) income receipts and adjusted gross and net income receipts computed according to the instructions provided; a self-assessment of tax due upon the computed "net income" per the tax table provided; and an unaltered signed affirmation regarding the truth, completeness and correctness of these entries and assessment. To the best of my knowledge and belief, the above-listed entries comprise information by which the substantial correctness of the self-assessment on the return can be judged.

2. Aside from identifying information, address, signature and date, the Form 1040 with accompanying instruments I completed and submitted concerning the year 2018 contains nothing from my hand but:

- numeric entries;
- a correction of a preprinted declaratory statement concerning the notification of the Internal Revenue Service of my rebuttal of a W-2 submitted by another from "have notified" to "hereby notify";
- the answer to a question posed by the Secretary for an explanation of how I determined what amounts to report on the various lines of the form: "Lines 7 (a), (b) and (c) are corrected as I did not receive any "wages" as defined in IRC section 3401(a) and 3121 (a). Lines (e), (h) and (i) were derived from the W2 sent to me by the Payer identified in box (5) above and are presumed to be correct, though they have not been audited."; and
- the answer to a question posed by the Secretary concerning what efforts were made to secure a correct W-2 from the payer listed on the form: "None."

To the best of my knowledge and belief, nothing on the return constitutes information that on its face indicates that the self-assessment is substantially incorrect.

3. The information on the tax return I completed and submitted concerning the year 2018 is not based on, nor reflective of, any "position" identified by the Secretary of the Treasury or his delegates as "frivolous" and published as such pursuant to 6702(c).4. The content of the tax return I completed and submitted concerning the year 2018, and the act of its completion and submission, are not intended, expected or desired to impede or delay the administration of any federal tax law. On the contrary, the return I completed and submitted concerning the year 2018 is my best effort to fully comply with all legal obligations to which I am subject to the best of my understanding of those obligations, and to conform with all relevant provisions of law as best I understand those provisions. It is my sincere hope and intent that the return contributes to and is met with the smooth, speedy and proper administration of the federal tax laws.

5. I am not an officer or employee of a corporation or member or employee of a partnership, who as such officer, member or employee is under any duty whatsoever concerning tax forms, reports or tax-related matters of any kind. Nor am I a member of any class illustrated or defined by the foregoing enumerated examples.

6. I have never knowingly and intentionally created, acknowledged or supported any relationship or presumption of a relationship between me and the United States under the auspices or by



virtue of which the United States is authorized to seize property from me or subject me to fines or penalties other than by making a formal complaint and proving its claims to the satisfaction of an impartial judicial tribunal as Plaintiff in an adversarial proceeding in which I enjoy the benefit of all presumptions, and which conforms to the specifications of the Seventh Article of Amendment to the United States Constitution.

I affirm under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed March 11, 2019, at 150 Bobby McCandless Road, Knob Lick KY

Dean E. Malone

Dean E. Malone

U.S. Postal Service™ <b>CERTIFIED MAIL® RECEIPT</b> Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®	
<b>KANSAS CITY, MO 64999</b>	
Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
Total Postage and Fees	\$7.00
Sent To	IRS
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	Kansas City MO 64999-0025
PS Form 3800, April 2015 PSN 75CJ-02-000-9047 See Reverse for Instructions	

USPS TRACKING #



590 9402 1264 5246 9579 04



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Dean E. Malone  
150 Bobby McCandless Rd  
Knob Lick, KY 42150

Tax Returns 2016, 2017 & 2018